Date Samp Section	Agency Contact (name and title) Diana Rushton, Filing Officer Donor Name and Address Individual Last Name First Name 1331 Garden Highway, Su 220 Address (ary Tother is marked, describe the entity's business activity (if business) or its nature and if applicable, identify the name of each source and the amount(s) so Name Name Amount Payment Information Date and Amount of Payment (other than travel) Travel Payment Information (Round to whole dollars) 10/14/17/08 Date(s) of Travel Transportation Expenses Location 518.28 Lodging Expenses	Amendment (explain in comment section) Date of Original Filing: (month, day, year) The California Endowment Name Sacramento CA 95833 State Zip Code and interests. solicited or received by the donor for this gift: Name Amount Name Amount (Round to whole dollars) and of Travel Savannah, GA
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Street Address 1000 G Street, Room 450 Amendment (explain in comment section) Pate of Original Filing: Interest Address 1000 G Street, Room 450 Amendment (explain in comment section) Pate of Original Filing: Interest Address Interest	Street Address 1000 G Street, Room 450 Area Code/Phone Number E-mail 916-327-8011 drushton@mrmib.ca.gov Agency Contact (name and title) Diana Rushton, Filing Officer Donor Name and Address Individual Last Name First Name	Amendment (explain in comment section) Date of Original Filing: (month, day, year) The California Endowment Name Sacramento CA 95833 State Zip Code and interests. solicited or received by the donor for this gift: Name Name Amount (Round to whole dollars) n of Travel Savannah, GA
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